2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2015
Secretary of State
CC2778329394

DOCUMENT# 754370

Entity Name: GREATER LEHIGH ACRES CHAMBER OF COMMERCE,INC.

Current Principal Place of Business:

25 HOMESTEAD RD N
41
LEHIGH ACRES, FL 33936

Current Mailing Address:

P.O. BOX 757
LEHIGH ACRES, FL 33970 US

FEI Number: 59-1731367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIRRMACHER, INKE
20075 LAKE VISTA CIRCLE N
LEHIGH ACRES, FL 33936 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: INKE SCHIRRMACHER 02/09/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT/CEO
Name	SCHIRRMACHER, INKE
Address	20075 LAKE VISTA CIRCLE N
City-State-Zip:	LEHIGH ACRES FL 33936

Title	CHAIRMAN
Name	THOMAS, STEVE
Address	3509 LEE BLVD SUITE # 3
City-State-Zip:	LEHIGH ACRES FL 33971

Title	SECRETARY
Name	WENSCH, MONIQUE DR.
Address	3020 LEE BLVD SUITE # 11
City-State-Zip:	LEHIGH ACRES FL 33971

Title	PAST CHAIRMAN
Name	DELEON, ALBERTO JR
Address	2814 LEE BLVD. UNIT 19
City-State-Zip:	LEHIGH ACRES FL 33971

Title	VC
Name	BURGERS, MIKE
Address	PO BOX 374
City-State-Zip:	LEHIGH ACRES FL 33970

Title	TREASURER
Name	MAFFETORE, LENORE
Address	1261 HOMESTEAD RD N
City-State-Zip:	LEHIGH ACRES FL 33971

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: INKE SCHIRRMACHER PRESIDENT 02/09/2015

Electronic Signature of Signing Officer/Director Detail — Date